

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Healthcare Innovation Steering Committee***

**Meeting Summary**  
**January 14, 2016**

**Meeting Location:** Legislative Office Building, Room 1D, 300 Capitol Avenue, Hartford

**Members Present:** Nancy Wyman; Tamim Ahmed; Patricia Baker; Jeffrey G. Beadle; Mary Bradley; Patrick Charmel; Anne Foley; Suzanne Lagarde; Alta Lash; Mary Kate Mason (for Miriam Delphin-Rittmon); Robert McLean; Jane McNichol; Frances Padilla; Raul Pino; Robin Lamott Sparks; Jan VanTassel; Victoria Veltri; Deremius Williams; Michael Williams; Thomas Woodruff

**Members Absent:** Catherine F. Abercrombie; Roderick L. Bremby; Terry Gerratana; Courtland Lewis; Bruce Liang; Katharine Wade

**Call to Order and Introductions**

Lieutenant Governor Nancy Wyman called the meeting to order at 3:01 p.m. She introduced new committee member Deremius Williams, Vice President of Provider Solutions for Anthem Blue Cross and Blue Shield.

**Public Comment**

There was no public comment.

**Review and Approval of Meeting Summary**

***Motion: to approve the summary of the December 10, 2015 Steering Committee meeting – Victoria Veltri; seconded by Anne Foley.***

Discussion: None.

***Vote: All in favor.***

**HIT Charter**

Mark Raymond, co-chair of the Health Information Technology Council, presented the [draft HIT Council Charter](#).

The Committee discussed how to obtain data in a timely way to identify and eliminate racial and ethnic disparities and other gaps in care. The systems required to do this work require considerable investment and obtaining real time data is a challenge. One of the questions is whether the state should develop a real time solution on behalf of the health systems or whether the state should encourage systems to take on the challenge. It was said that each advanced network would develop its own infrastructure, starting with claims and ultimately getting to clinical data. One of the questions that must be answered is how much it will cost and how will it be paid for.

There were concerns expressed regarding the last item on the charter. The concern was that the last “Out of Scope” item made it appear as if Medicaid and the Council on Medical Assistance Program Oversight were taking on under service monitoring for the entire healthcare system and that under service was a Medicaid only issue. The intent was for Medicaid to develop under service monitoring techniques with the expectation that the commercial payers would be responsible for building their own under service monitoring programs. The Committee discussed who should be responsible for under service monitoring. Medicaid was looking at using strategies rather than just measures, as it also includes things like secret shoppers and the CAHPS, along with looking at

claims data. It was said that the various stakeholders should begin to examine under service at multiple levels.

The Committee recommended that the final item be removed from the Charter as it is simply an out of scope item rather than a charge. Mr. Raymond said that should be acceptable to the HIT Council.

### **Program Updates**

Jenna Lupi provided program updates on the no-cost extension, budget amendment, work streams, and accountable health communities funding ([see meeting presentation](#)).

With regard to the Medicaid Quality Improvement and Shared Savings Program, there were concerns regarding the ineligibility of practices on the PCMH glide path. It was also suggested that the state broadly communicate how providers can participate in the program.

The Committee discussed how to best align the work being done on accountable health communities with SIM and Medicaid PCMH. The PMO has begun discussing these with the Department of Social Services and the Department of Public Health, as well as with CMMI. The state is not eligible to apply for the funding. It was suggested that various stakeholders be brought to the table to put together a competitive application. The Connecticut Hospital Association has pushed out information on developing applications and there is already a lot of interest. It was suggested that housing be brought to the table and that social determinants be incorporated in any applications. There were also concerns that the program did not provide funding for service delivery. Patricia Baker said the Connecticut Health Foundation would be open to either hosting a stakeholder meeting or participating in the discussions. She said she would solicit interest from other HISC members.

### **VBID Consortium**

Thomas Woodruff reviewed the recommendations for membership on the Value Based Insurance Design (VBID) Consortium ([see recommendations here](#)). There was a recommendation made by the personnel subcommittee to add an additional health plan, provider, and consumer to the composition. Mary Bradley expressed concern that an additional employer was not added and said the employer community continues to be underrepresented. There was discussion regarding adding an additional employer representative. Frances Padilla proposed that the motion be amended to include Mary Bradley as the additional employer representative. Jeffrey Beadle agreed.

***Motion: to add one employer representative to the VBID Consortium and to include Mary Bradley as the fifth employer member – Jeffrey Beadle; seconded by Jan VanTassel.***

Discussion: there was no additional discussion on the amended motion.

***Vote: all in favor. Mary Bradley abstained.***

***Motion: to accept the recommendations of the Personnel Subcommittee for employer participation on the VBID Consortium – Patricia Baker; seconded by Victoria Veltri.***

Discussion: None.

***Vote: All in favor.***

***Motion to accept the recommendations of the Personnel Subcommittee for provider participation on the VBID Consortium – Patricia Baker; seconded by Victoria Veltri.***

Discussion: None.

***Vote: All in favor. Patrick Charmel abstained.***

Mr. Beadle reported on the Consumer Advisory Board's recommendations for consumer participation on the consortium ([see recommendations here](#)).

***Motion: to accept the recommendations of the Consumer Advisory Board for consumer and advocate participation on the VBID Consortium – Anne Foley; seconded by Victoria Veltri.***

Discussion: None.

***Vote: All in favor.***

#### **CHW Advisory Committee: Charter & Composition**

Bruce Gould, of the Connecticut AHEC program, presented the proposed charter and composition for the Community Health Worker (CHW) Advisory Committee ([see charter and composition here](#)). He said that, based on feedback from the Consumer Advisory Board, he recommended adding mental health representation, such as a consumer advocate representative with peer support experience, and representatives from the Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF). There was discussion regarding the inclusion of diverse communities. When additional members were recruited for the Practice Transformation Task Force the Consumer Advisory Board was asked to consider certain credentials, such as housing experience. That could be done with the recruitment for Advisory Committee.

It was suggested that the state agencies participate as needed to keep the committee size small. There was consensus that the Department of Social Services and the Department of Public Health remain as Committee members due to discussions regarding financing and certification. Other state agencies (DMHAS, DCF, and the Department of Labor) could be invited in as needed. It was also suggested that the charter include language regarding how CHWs will fit in with the other work being done by the Practice Transformation Task Force.

***Motion: that the qualifications for members of the Community Health Worker Advisory Committee include the intent to seek representatives with experience in recovery, peer support, and community non-profits – Jeffrey Beadle; seconded by Jan VanTassel.***

Discussion: None.

***Vote: All in favor.***

It was asked how CHWs were being defined, as there are multiple definitions. Dr. Gould said they were using the American Public Health Association's definition which is simply that CHWs are those with ties to and work with a particular community. The actual label is not as essential. There was also discussion as to how to address diversity within the Committee.

***Motion: that the composition be amended to include the Department of Labor, the Department of Mental Health and Addiction Services, and the Department of Children and Families as participants by invitation as needed; and for the preferred qualifications to include individuals with nonprofit, behavioral health and recovery experience, represent all of Connecticut, and include diversity considerations – Victoria Veltri; seconded by Anne Foley.***

Discussion: None.

***Vote: All in favor.***

#### **Adjournment**

***Motion: to adjourn – Patricia Baker; seconded by Victoria Veltri***

Discussion: None.

***Vote: All in favor.***

The meeting adjourned at 5:05 p.m.